## POOL RENTAL RESERVATION FORM

CITY OF LONGVIEW P.A.R.D. - PO BOX 1952 - LONGVIEW, TX 75606 - 903-237-1270

RESERVATION DATE:		TIME:
RESERVATION CONTACT:		
MAILING ADDRESS:		ZIP:
PHONE:		FAX:
EMAIL ADDRESS:		
TYPE OF ACTIVITY:		POOL:
RENTAL RATE (\$50/HR):		(2 HOUR MINIMUM)
GUARD FEES		// OF DADTICIDANTS
(\$11/GUARD/HR):	# OF PARTICIPANTS:	
USE OF SLIDE (\$22/HR):		
REFUNDABLE DEPOSIT:	\$100.00	FULL REFUND PROVIDED THAT APPLICANT MEETS ALL REGULATIONS OF RENTAL CONTRACT
TOTAL:		
PLEASE NOTE: ****\$25.00 OF THE RESERVATION FEE OR THE POOL RENTAL DEPOSIT WILL BE RETAINED BY THE PARKS AND RECREATION DEPARTMENT IF CANCELLATION OF THE POOL RENTAL IS NOT MADE THREE (3) WORKING DAYS (MONDAY - FRIDAY 8 - 5) PRIOR TO THE SCHEDULED EVENT.		
<ul> <li>RECEIVED A SIGNED (</li> <li>PLEASE ALLOW 4 - 6 W</li> <li>MAKE CHECKS PAYAB</li> </ul>	COPY AND AI /EEKS FOR F LE TO: CITY	REFUNDS

- APPLICATION TO COMPLY WITH, AND TO ENFORCE, ALL PARD RULES AND REGULATIONS VIOLATION OF RULES AND REGULATIONS SHALL BE GROUNDS FOR
- R

FORFEITURE OF DEPOSIT.	AND REGULATIONS SHALL BE GROUNDS FOR
ARRANGEMENTS ARE MADE.  • THE POOL WILL BE CLEARED 10 TO 15	BLE FOR SET-UP AND CLEAN UP UNLESS OTHER MINUTES BEFORE THE END OF YOUR LEAN UP AND FOR ALL PATRONS TO EXIT THE
Signature of Applicant Date	PARD Representative Date
* * * * * OFFICE	USE ONLY * * * * * *
RECEIVED BY:	DATE:
<b>METHOD OF PAYMENT</b> : Cash	☐ Check# ☐ Visa ☐ Mastercard
Credit Card Number:	Exp. Date: